

Wisconsin Department of Safety and Professional Services

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DIVISION OF PROFESSIONAL CREDENTIAL PROCESSING

FIREARMS CERTIFICATION OF PROFICIENCY - RENEWAL

IMPORTANT: *This form is required for annual recertification of proficiency in the use of a firearm for which a person is required to obtain a 6-hour refresher course.*

Under Wisconsin law, the Department must deny your application if you are liable for delinquent state taxes or child support (sec. 440.12, Stats.).

PLEASE TYPE OR PRINT IN INK ☐ Your name and address are available to the public.
☐ Check box to withhold street address/PO Box number from lists of 10 or more credential holders (Wis. Stat. § 440.14)

Last Name	First Name	MI	Former / Maiden Name(s)
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Your Street Address (number, street, city, state, zip)

Mail To Address (if different)

Date of Birth _____ month day year	Daytime Telephone Number () - _____
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Provide your Wisconsin license/credential number. _____

The firearms certification of proficiency is valid for one year. It may be renewed for a one year period at that time.

Name of Private Detective Agency/Security Guard Agency	Agency License Number
Address of Agency (Number, Street, City, State, Zip Code)	Daytime Telephone Number () - _____

NO FEE IS REQUIRED

For Receipting Use Only

FOR OFFICE USE ONLY:

Agency Firearms Policy is on file.

☐ Yes ☐ No

Applicant is covered under agency insurance
policy which includes firearms coverage to: _____

Firearms Certification of Proficiency is valid through: _____

Wisconsin Department of Safety and Professional Services

MARK AN X IN THE APPROPRIATE BOX. If you answer **Yes** to any questions, give all details on a separate sheet.

YES **NO**

- a. Have you or the owner named on page 1 ever been convicted of a misdemeanor or a felony?
If YES, attach Form #2252 to provide details about the crime. ☐ ☐
- b. Are any felony or misdemeanor charges pending against you or the owner named on page 1?
If YES, attach Form #2252 to provide details about the pending charge. ☐ ☐
- c. Have you or the owner named on page 1 ever surrendered, resigned, cancelled or been denied a professional license or other credential in Wisconsin or any other jurisdiction? **If YES, give details on an attached sheet, including the name of the profession and the agency.** ☐ ☐
- d. Has any licensing or other credentialing agency ever taken any disciplinary action against the owner or employee named on page 1, including but not limited to, any warning, reprimand, suspension, probation, limitation or revocation? **If YES, attach a sheet providing details about the action, including the name of the credentialing agency and date of action.** ☐ ☐
- e. Is disciplinary action pending against you or the owner named on page 1 in any jurisdiction? **If YES, attach a sheet providing details about pending action, including the name of the agency and status of action.** ☐ ☐

Place of Firing Range		Place Where Classroom Instruction Provided	
Address (Number, Street, City, State, Zip)		Address (Number, Street, City, State, Zip)	
Date(s)	Time	Date(s)	Time

NOTE: **A SEPARATE CERTIFICATION OF PROFICIENCY IS REQUIRED FOR EACH TYPE OF FIREARM, SUCH AS A REVOLVER, SEMI-AUTOMATIC OR A SHOTGUN WHICH AN OWNER OR EMPLOYEE MAY CARRY WHEN ON DUTY AS A SECURITY GUARD.**

TYPE OF WEAPON FOR WHICH TRAINING PROVIDED

NOTE: **A SEPARATE CERTIFICATION OF PROFICIENCY IS REQUIRED FOR EACH TYPE OF FIREARM, SUCH AS A REVOLVER, SEMI-AUTOMATIC OR A SHOTGUN WHICH AN OWNER OR EMPLOYEE MAY CARRY WHEN ON DUTY AS A SECURITY GUARD.**

TYPE OF WEAPON FOR WHICH TRAINING PROVIDED

Wisconsin Department of Safety and Professional Services

NOTE: *One instructor may provide the complete 6-hour training program or 2 instructors may provide various segments of the program. If one instructor provided the complete 6-hour program, he or she should sign the statement in the left column below. If there was a second instructor, he or she should also sign the statement in the right column below.*

This is to certify that the above-named person has completed a training program of NOT LESS THAN 6 HOURS in the specific topics required by sec. RL 34.03, Wis. Admin. Code. This person has been re-instructed in the safety rules, the range rules, the procedures for the care and cleaning of the weapon(s) listed above, the legal limits on the use of the specified weapon(s) and the laws relating to detaining people as a security guard. This person continues to meet the minimum proficiency standards as set forth in the firearms training guide entitled "DEMONSTRATE CARE AND USE OF FIREARMS" (published by the Wisconsin Department of Justice, Training and Standards Bureau, 123 West Washington Avenue, Madison, Wisconsin 53702) and as set forth in the refresher course guidelines published by the Department of Safety and Professional Services.

INSTRUCTOR WHO PRESENTED THE COMPLETE COURSE OR PART OF THE COURSE.

NUMBER OF HOURS PRESENTED

SECOND INSTRUCTOR, IF 2 INSTRUCTORS PRESENTED THE COURSE.

NUMBER OF HOURS PRESENTED

PRINT NAME OF INSTRUCTOR

PRINT NAME OF INSTRUCTOR

SIGNATURE OF INSTRUCTOR

SIGNATURE OF INSTRUCTOR

Subscribed and sworn before me this _____

Subscribed and sworn before me this _____

day of _____, 19 _____

day of _____, 19 _____

Signature of Notary Public (Seal)

Signature of Notary Public (Seal)

Date Commission Expires

Date Commission Expires

I hereby attest that to the best of my knowledge, the information on this form is accurate.

I hereby attest that I have not been convicted of a felony crime, and that I am not prohibited by any applicable federal or state law from carrying or being in possession of a firearm.

I further attest that I have read and understand sec. 941.29, Stats. (See page 4.)

I further attest that this certification is valid for only one year and must be renewed each year.

SIGNATURE OF PERSON CERTIFIED AS FIREARMS PROFICIENT

DATE

Wisconsin Department of Safety and Professional Services

I hereby attest that to the best of my knowledge, the information on this form is accurate. Our agency therefore, requests that a permit to carry a firearm while on duty as a security guard be granted to the individual named on page 1.

SIGNATURE OF OWNER, OFFICER OR PARTNER OF PRIVATE
DETECTIVE AGENCY/SECURITY GUARD AGENCY

DATE

CHAPTER 941.29 POSSESSION OF A FIREARM.

(1) A person is subject to the requirements and penalties of this section if he or she has been:

(a) Convicted of a felony in this state.

(b) Convicted of a crime elsewhere that would be a felony if committed in this state.

(bm) Adjudicated delinquent for an act committed on or after April 21, 1994, that if committed by an adult in this state would be a felony.

(c) Found not guilty of a felony in this state by reason of mental disease or defect.

(d) Found not guilty of or not responsible for a crime elsewhere that would be a felony in this state by reason of insanity or mental disease, defect or illness.

(e) Committed for treatment under s. 51.20 (13) (a) and ordered not to possess a firearm under s. 51.20 (13) (cv).

(f) Enjoined under an injunction issued under s. 813.12 or 813.122 or under a tribal injunction, as defined in s. 813.12 (1) (e), issued by a court established by any federally recognized Wisconsin Indian tribe or band, except the Menominee Indian tribe of Wisconsin, that includes notice to the respondent that he or she is subject to the requirements and penalties under s. 941.29 and that has been filed under s. 806.247 (3).

(g) Ordered not to possess a firearm under s. 813.125 (4m).

(2) A person specified in sub. (1) is guilty of a Class E felony if he or she possesses a firearm under any of the following circumstances:

(a) The person possesses a firearm subsequent to the conviction for the felony or other crime, as specified in sub. (1) (a) or (b).

(b) The person possesses a firearm subsequent to the adjudication, as specified in sub. (1) (bm).

(c) The person possesses a firearm subsequent to the finding of not guilty or not responsible by reason of insanity or mental disease, defect or illness as specified in sub. (1) (c) or (d).

(d) The person possesses a firearm while subject to the court order, as specified in sub. (1) (e) or (g).

(e) The person possesses a firearm while the injunction, as specified in sub. (1) (f), is in effect.

(2m) Whoever violates this section after being convicted under this section is guilty of a Class D felony.

(3) Any firearm involved in an offense under sub. (2) is subject to s. 968.20 (3).

(4) A person is concerned with the commission of a crime, as specified in s. 939.05 (2) (b), in violation of this section if he or she knowingly furnishes a person with a firearm in violation of sub. (2).

(5) This section does not apply to any person specified in sub. (1) who:

(a) Has received a pardon with respect to the crime or felony specified in sub. (1) and has been expressly authorized to possess a firearm under 18 USC app. 1203; or

(b) Has obtained relief from disabilities under 18 USC 925 (c).

(6) The prohibition against firearm possession under this section does not apply to any correctional officer employed before May 1, 1982, who is required to possess a firearm as a condition of employment. This exemption applies if the officer is eligible to possess a firearm under any federal law and applies while the officer is acting in an official capacity.

(7) This section does not apply to any person who has been found not guilty or not responsible by reason of insanity or mental disease, defect or illness if a court subsequently determines both of the following:

(a) The person is no longer insane or no longer has a mental disease, defect or illness.

(b) The person is not likely to act in a manner dangerous to public safety.

(8) This section does not apply to any person specified in sub. (1) (bm) if a court subsequently determines that the person is not likely to act in a manner dangerous to public safety. In any action or proceeding regarding this determination, the person has the burden of proving by a preponderance of the evidence that he or she is not likely to act in a manner dangerous to public safety.

(9) This section does not apply to a person specified in sub. (1) (e) if the prohibition under s. 51.20 (13) (cv) 1. has been canceled under s. 51.20 (13) (cv) 2. or (16) (gm).

(10) The prohibition against firearm possession under this section does not apply to a person specified in sub. (1) (f) if the person satisfies any of the following:

(a) The person is a peace officer and the person possesses a firearm while in the line of duty or, if required to do so as a condition of employment, while off duty.

(b) The person is a member of the U.S. armed forces or national guard and the person possesses a firearm while in the line of duty.

History: 1981 c. 141, 317; 1983 a. 269; 1985 a. 259; 1993 a. 195, 196, 491; 1995 a. 71, 77, 306, 417.

NOTE: See Chapter 141, laws of 1981, section 2, entitled "Initial applicability."

Where defendant is willing to stipulate to being a convicted felon, evidence of nature of felony is irrelevant if offered only to support felony conviction element. State v. McAllister, 153 W (2d) 523, 451 NW (2d) 764 (Ct. App. 1989).

Failure to give the warning under s. 973.033 does not prevent a conviction under this section. State v. Phillips, 172 W (2d) 391, 493 NW (2d) 238 (Ct. App. 1992).

Retroactive application of this provision did not violate the prohibition against ex post facto laws because the law is not intended to punish persons for a prior crime but to protect public safety. State v. Thiel, 188 W (2d) 695, 524 NW (2d) 641 (1994).

A convicted felon's possession of a firearm is privileged in limited enumerated circumstances. State v. Coleman, 206 W (2d) 198, 556 NW (2d) 701 (1996).

Sub. (5) (a) has been invalidated by congressional action. Pardons granted after November 15, 1986, will give recipients right to receive, possess or transport in commerce firearms unless pardon expressly provides otherwise. 78 Atty. Gen. 22.

Wisconsin Department of Safety and Professional Services

CERTIFICATION OF LEGAL STATUS.

I declare under penalty of law that I am (check one):

_____ a citizen or national of the United States, or

_____ a qualified alien or nonimmigrant lawfully present in the United States who is eligible to receive this professional license or credential as defined in the Personal Responsibility and Work Opportunities Reconciliation Act of 1996, as codified in 8 U.S.C. §1601 et. seq. (PRWORA). For questions concerning PRWORA status, please contact the U.S. Citizenship and Immigration Services in the Department of Homeland Security at 1-800-375-5283 or online at <http://www.uscis.gov>.

ALL APPLICANTS MUST COMPLETE THIS SECTION

AFFIDAVIT OF APPLICANT

I declare that I am the person referred to on this application and that all answers set forth are each and all strictly true in every respect. I understand that failure to provide requested information, making any materially false statement and/or giving any materially false information in connection with my application for a credential or for renewal or reinstatement of a credential may result in credential application processing delays; denial, revocation, suspension or limitation of my credential; or any combination thereof; or such other penalties as may be provided by law. I further understand that if I am issued a credential, or renewal or reinstatement thereof, failure to comply with the statutes and/or administrative code provisions of the licensing authority will be cause for disciplinary action.

Signature of Applicant

Date

Wisconsin Department of Safety and Professional Services

SOCIAL SECURITY NUMBER. Your social security number (or employer identification number if you are applying as a business entity) must be submitted with your application on this form. If you do not have a social security number you must submit a statement under oath or affirmation. If your social security number or a statement is not provided, your application will be denied.¹ A form for submitting a statement that you do not have a social security number is available from the department.

(Please Print)

First Name

Middle Initial

Last Name

Profession

Date of Birth

month

day

year

- -

Social Security Number or FEIN

The Department may not disclose the social security number collected above except to the Department of Children and Families for purposes of administering the child and spousal support program,² to the Department of Revenue for the purpose of determining whether you are liable for delinquent taxes,³ and to the federal Healthcare Integrity and Protection Data Bank for the purpose of reporting adverse actions against health care practitioners.⁴

¹ Section 440.03 (11m), Wis. Stats.

² Sections 49.22, and 440.13, Wis. Stats.

³ Section 440.12, Wis. Stats.

⁴ Health Insurance Portability and Accountability Act (HIPAA) of 1996